

**IMPLEMENTATION REPORT ON  
PROBLEM GAMBLING  
TREATMENT PROGRAM**  
RCW 67.70.350(4)



Department of Social and Health Services  
Division of Alcohol and Substance Abuse  
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**IMPLEMENTATION REPORT ON**  
**PROBLEM GAMBLING TREATMENT PROGRAM**

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## **Executive Summary**

The Department of Social and Health Services (DSHS) is required to report on the implementation of state funded services to pathological gamblers per RCW 67.70.350(4). Language includes the following:

- A program for the treatment of pathological gambling is established within the department of social and health services.
- To receive treatment a person must:
  - Need treatment for pathological gambling, but be unable to afford treatment
  - Be targeted by DSHS as being most amenable to treatment.
- The department shall report to the legislature by September 1, 2002, with a plan for implementing this section.

## **PROGRAM GOAL**

The primary goal of this new program is provide assistance to families affected by pathological gambling. The program will help individuals quit addictive gambling behavior, and reduce family disruption and related financial problems. Through gambling addiction treatment, the program seeks to help families remain economically self-sufficient without requiring further assistance from other state programs.

## **DEFINITION**

According to the American Psychiatric Association (1994), the essential features of pathological gambling are:

- *A continuous or periodic loss of control over gambling;*
- *A progression, in gambling frequency and amounts wagered, in the preoccupation with gambling and in obtaining monies with which to gamble; and*
- *A continuation of gambling involvement despite adverse consequences.*

## **CONTRACTOR SELECTED**

The Washington State Council on Problem Gambling (WSCPG) has contracted with DSHS to administer the gambling program. The pilot program has a \$500,000 one-time appropriation and would require further legislative approval for its continuation beyond one year.

## **TREATMENT MODEL**

Duration of treatment is determined by the clinical needs of the client and family. A treatment model of 12 weeks duration will be utilized. Enrollment of at least 200 participants is anticipated during the nine-month pilot period. Treatment modalities will include:

- Individual and/or family member treatment
- Group treatment for the individual and family
- Couples treatment
- Financial counseling
- Referral to Gamblers Anonymous and other 12-Step groups
- Family intervention
- Referrals to other appropriate community resources.

## **EVALUATION**

The effectiveness and success of the program will be assessed using several instruments, including:

- Client satisfaction survey using an existing instrument from the state of Nebraska
- Treatment outcome monitoring/analysis using an existing instrument from the state of Minnesota
- DSHS' Division of Alcohol and Substance Abuse required information related to demographic data and links to employment and utilization of medical services.

## **REPORT TO THE LEGISLATURE**

The results of these instruments will be compiled into a report to be presented to the Legislature on November 1, 2003.

# **IMPLEMENTATION REPORT ON PROBLEM GAMBLING TREATMENT PROGRAM**

## **PURPOSE**

The Department of Social and Health Services (DSHS) is required to report on the implementation of state funded services to pathological gamblers per RCW 67.70.350(4). Language includes the following:

- A program for the treatment of pathological gambling is established within the department of social and health services.
- To receive treatment a person must:
  - Need treatment for pathological gambling, but be unable to afford treatment
  - Be targeted by DSHS as being most amenable to treatment.
- The department shall report to the legislature by September 1, 2002, with a plan for implementing this section.

## **PROGRAM GOAL**

The primary goal of this new program is provide assistance to families dealing with pathological gambling. The program will help individuals quit addictive gambling behavior, and reduce family disruption and related financial problems. Through gambling addiction treatment, the program seeks to help families remain economically self-sufficient without requiring further assistance from other state programs. For those who have already lost jobs, the program seeks to help them become productive, taxpaying citizens.

## **DEFINITION**

***Pathological gambling*** lies at one end of a spectrum of gambling problems and was recognized as a psychiatric disorder in 1980 by the American Psychiatric Association. Recent changes have been made to the psychiatric criteria for pathological gambling to incorporate empirical research that links pathological gambling to other addictive disorders such as alcohol and drug dependence. According to the American Psychiatric Association (1994), the essential features of pathological gambling are:

- ***A continuous or periodic loss of control over gambling;***
- ***A progression, in gambling frequency and amounts wagered, in the preoccupation with gambling and in obtaining monies with which to gamble; and***
- ***A continuation of gambling involvement despite adverse consequences.***

Some individuals experience difficulties related to their gambling without progressing in their involvement or engaging in the long-term chasing that characterizes most pathological gamblers. The term "problem gambler" has been introduced to describe these individuals, who may be in an early stage of pathological gambling. The term is also used as a more inclusive category that encompasses pathological gambling at one end of a continuum of problematic gambling involvement. In this sense, ***problem gambling*** can be defined as ***any pattern of gambling behavior which compromises, disrupts or damages family, personal or vocational pursuits*** (Lesieur & Rosenthal, 1991).

## **THE NEED FOR THE PROGRAM**

According to the 1999 study *Gambling and Problem Gambling in Washington State: A Replication Study, 1992 to 1998*, over 400,000 Washington State residents scored as being either problem (144,600) or pathological (270,900) gamblers during their lives. In addition, between 53,200 and 137,900 scored as either being problem gamblers or pathological gamblers over the last year.

A second study, *Gambling and Problem Gambling Among Adolescents In Washington State: A Replication Study, 1993 To 1999*, found that between 25,730 and 44,000 adolescents scored as either being problem gamblers or gambled at levels which placed them at risk for gambling problems. Furthermore, this study found that adolescents represented approximately 12 to 18 percent of Washington State residents who are experiencing severe difficulties related to their gambling.

Problem and pathological gambling generally results in severe problems for the gambler, his or her family, and for society. Individually, up to 40 percent of problem and pathological gamblers are also addicted to drugs and/or alcohol. The suicide rate for pathological gamblers is second only to those with clinical depression. Problem gamblers have very high rates of gastrointestinal and cardiac illness.

Many families of problem gamblers suffer from severe disruption. Rates of spousal abuse and child neglect are high and families may face severe financial problems. Families often lose their homes and become dependent on state services. The societal problems associated with problem and pathological gambling include bankruptcy, criminal activity/illegal acts, and disruption of work and educational activity. In many cases, problem gamblers evolve from being employed, taxpaying citizens to being destitute and dependent on taxpayer services. Adolescents with gambling problems are significantly more likely to have used alcohol, tobacco, marijuana and illicit drugs, and to have gotten into trouble because of alcohol and drug use. They also are at greater risk for depression and suicidal ideation.

These trends are not only found in Washington State, but are seen nationally. According to the final report of the congressionally mandated National Gambling Impact Study Commission, Final Report, June 25, 1999, the societal costs nationally from problem gambling, including productivity reductions, social services, and creditor losses, are estimated at \$5 billion annually.

## **DESCRIPTION OF THE WASHINGTON STATE PILOT**

DSHS has contracted with the Washington State Council on Problem Gambling (WSCPG) to develop and implement a new program for pathological gamblers. The pilot program has a \$500,000 one-time appropriation and would require further legislative approval for its continuation beyond one year.

## **PROGRAM DEVELOPMENT**

Experience in other states including Nebraska, Oregon, Louisiana, and others, has clearly demonstrated that program development is crucial to establishing an effective and efficient intervention program. Without program development, funds may be allocated poorly and treatment interventions may be as ineffective. Therefore, in July through September of 2002, the Washington State Pilot Program will undertake steps to insure that the treatment outpatient program has a solid foundation for success. No inpatient services are included in this program.

Program development for the Washington State Pilot Program will include the following:

- Workforce development – advance training of certified treatment professionals
- Acquisition and distributions of treatment manuals
- Professional training for treatment providers
- Professional supervision for treatment providers
- Client and community outreach
- Client retention within the treatment program
- Outreach to currently certified alcohol and drug treatment agencies.

## **CLIENT CRITERIA**

### Financial Eligibility

The financial components of pathological gambling differ from other addictions. Pathological gamblers may maintain an income, but often have a level of debt causing severe family disruption and hardship. Since it is a goal of treatment to reduce family disruption, economic problems, and the costs to society and the state associated with pathological gambling, a sliding scale will be developed for payments based on income-to-debt ratios determined during the first four assessment/treatment sessions. Clients with incomes under 300 percent of the federal poverty level will not be required to pay for their treatment.

Experience in other states, including Nebraska and Oregon, indicates that clients will understate the level of debt during initial evaluation and that the true extent of debt cannot be determined until a later session. Therefore, four treatment sessions will be funded at no cost to the client before the establishment of the income-to-debt ratio.

Some clients may qualify for a mix of private-pay/third-party and state-funded treatment, with DSHS being the payor of last resort.

### Assessment Criteria

To qualify for treatment clients must meet the diagnostic criteria for problem/pathological gambling as defined by at least one of the following screening instruments:

- Obtain a score of 5 or above on the South Oaks Gambling Screen – Revised (SOGS-R)
- Meet three criteria for Pathological Gambling contained in the Diagnostic and Statistical Manual – IV (DSM-IV) based on a Diagnostic Interview for Gambling Severity (DIGS) score of at least 3. (DIGS developed by Winters and Stinchfield, University of Minnesota Medical School 1995).
- Be a significant other(s) of an individual meeting the above criteria based on screening data provided.

**Screening for inclusion:** Individuals will be screened in several ways including through the WSCPG help-line and website and through existing referral networks. If clients have additional disorders requiring intervention, they will be triaged to more appropriate treatment options.

**Assessment procedures:** Individuals meeting the above inclusion criteria will be administered the following minimal assessment data set: TARGET, SOGS – R, DIGS, Financial Inventory, Pre – Treatment Screen, and any other necessary intake instruments.

## **TREATMENT ISSUES**

### Treatment Provider Location

To achieve the highest amount of treatment availability per population, treatment providers will be identified in at least five geographic areas of the state. They are the Puget Sound region (including Everett, Seattle, and Tacoma), Bellingham, Vancouver, Yakima, and Spokane.

### Definition of Gambling Treatment Providers

Gambling treatment providers selected to provide gambling treatment under this program may include existing nationally or state-certified gambling counselors, certified CD outpatient, inpatient treatment programs, independent treatment professionals, or any combination of the above.

### Manuals

Treatment protocols will be based on state-of-the-art clinical manuals developed at the Trimeridian treatment center in Indiana. Treatment manuals will be provided to every clinic/treatment provider approved to participate as a practitioner under this pilot. This will insure standardized treatment. In addition, patient manuals will be provided to program clients. These patient manuals will provide gambling addiction recovery information for clients and their families.

### Training

In order to insure a high quality of treatment, all initial treatment providers authorized under this pilot program will be required to attend four days of training. These trainings will be provided at no cost to the providers, but attendance is mandatory for all participating providers. The training will include:

- General information about program requirements and operations. WSCPG staff will provide this one-day training in several regions of the state.
- Three days of clinical training to be offered one time only at a single location. An outside contractor (Trimeridian) with extensive experience will provide the training.

### Requirements for Providers

In addition to being required to attend four training sessions, providers will be required to do the following:

- Contract with the WSCPG to conduct gambling treatment services;
- Contract with the Division of Alcohol and Substance Abuse (DASA) for payment purposes

### Treatment Supervision

Professional supervision will be required for those selected providers not currently certified as problem gambling counselors. One hour of supervision will be required for every ten hours of client treatment. Approved supervisors will be certified Problem Gambling Counselors.



### Treatment Model:

Treatment will focus on outpatient services, with abstinence as an ultimate goal. Secondary goals of engagement and retention including limited harm reduction may be used for working with treatment-resistant clients. Financial counseling is a mandatory part of treatment and will be a significant aspect of provider training.

Duration of treatment is determined by the clinical needs of the client and family. A treatment model of 12 weeks duration will be utilized. Enrollment of at least 200 participants is anticipated during the nine-month pilot period. Treatment modalities will include:

- Individual and/or family member treatment
- Group treatment for the individual and family
- Couples treatment
- Financial counseling
- Referral to Gamblers Anonymous and other 12-Step groups
- Family intervention
- Referrals to other appropriate community resources.

### Provider Reimbursement Rates

Approved Problem Gambler Treatment Providers will be reimbursed at the following rates:

- Assessment (Clinical and financial): \$200.00 for initial evaluation session
- Additional evaluation session (limited to three more): \$75.00/session
- Individual treatment sessions: \$75.00/session
- Group treatment sessions: \$30.00/individual/hour
- Other rates will be developed based on community standards for ancillary services such as childcare and transportation.

### **OUTCOME DATA (PROGRAM ASSESSMENT)**

The effectiveness and success of the program will be assessed using several instruments, including:

- Client satisfaction survey using an existing instrument from the state of Nebraska
- Treatment outcome monitoring/analysis using an existing instrument from the state of Minnesota
- DSHS/DASA required information related to demographic data and links to employment and utilization of medical services.

The results of these instruments will be compiled into a report to be presented to the Legislature on November 1, 2003.

### **OUTREACH/NOTIFICATION**

The WSCPG will undertake outreach efforts related to the pilot program. Outreach will include two components: outreach to providers, and outreach to clients and the public.

### Outreach to providers:

All Washington State providers currently certified as gambling counselors nationally or by WSCPG will be solicited as to their interest in serving as a provider, supervisor and/or consultant for the pilot project. In addition, DASA and the WSCPG will notify all certified chemical dependency treatment providers about the program.

### Outreach to Clients/Public

WSCPG will utilize various resources to inform the public and potential clients about the availability of treatment under this pilot program. WSCPG will utilize the following agencies and organizations:

- Tribal treatment/social service agencies
- Gamblers Anonymous
- DASA contracted providers
- County human service organizations
- Community leaders
- WSCPG help-line services
- Mental health services
- Professional associations
- Media outlets.

Gambling program treatment providers will be expected to undertake additional outreach in their areas.

## **PROGRAM ADMINISTRATION**

WSCPG will be responsible for overall administration of the pilot program, but may subcontract selected administrative tasks when deemed appropriate. Administration will consist of:

- Record keeping
- Treatment oversight, including quality of care
- Reimbursement voucher approval
- Site review/audit
- Client grievance procedures
- Other tasks as required.

WSCPG has contracted with DSHS to administer the gambling program and has committed to an elaborate range of requirements including data collection, program reviews, client responsiveness, diversity efforts, and others. Copies of the contract are available upon request.